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CARD

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responsible for co-pays and any unpaid services, just as they would with any other provider.

"As with any medical bill, if a person is financially unable to pay, we will explore every avenue of assistance," Palagi said. "We want to help those who need our services, no matter what. We just have to start running this clinic like other businesses so we can stay in business long term."

Hospital board members will continue to work to find avenues of long-term funding for direct patient care, said St. John's board chair Kerry Beasley.

"We want to make it clear that, although the CARD may be a separate organization, the hospital is still committed to making sure that long-term, direct patient care is available and funded," Beasley said. "We will continue to work on the white lung program efforts and other plans for a Libby medical trust. In the meantime, if we receive any further contributions from W.R. Grace, you have our promise that every dime of that will go to pay for direct patient care for people with asbestos-related diseases."

A team of people from the CARD advisory board and the hospital are beginning work on legal and logistical details of changing the CARD to its own organization. Input can be given through any of the members including LeRoy Thom, John Richter, Gayla Benefield, Alvin Benitz, and Kerry Beasley.

Hospital to spin off CARD clinic as separate entity

■ Separation enables clinic to develop as research facility

With an eye toward expanded research and funding opportunities, the Center for Asbestos Related Disease is beginning the process of breaking away from St. John's Lutheran Hospital.

The CARD advisory board announced last week that it will be working with the hospital to turn the center into a separate not-for-profit entity. The transition is targeted to be

complete by March 31, 2003.

"Our intent is to keep our focus on patient care, while expanding our work in research," said Dr. Brad Black of the CARD clinic. "Rural hospitals are not set up to handle major research projects, and we can't get some of the available grant funding if we're part of the hospital. Being a separate organization will give us more flexibility to branch into different areas and get the federal dollars we need. It's another step in the evolution of the CARD, and we are excited about it."

The CARD advisory board has been working with hospital trustees to assess the need for the change, and begin

planning the changes necessary to make it work, said board member LeRoy Thom.

"We have had a lot of support from the hospital to branch out and continue the evolution of the CARD clinic," Thom said. "What started as a temporary service to help people understand their screening reports has now expanded, and it's time for the CARD to be on its own."

The CARD clinic has been supported financially by the hospital since it opened in May 2000. The only sources of reimbursement have been annual payments of \$250,000 from W.R. Grace and the medical plan for victims of

asbestos-related disease offered by Grace through Health Network America, said hospital chief executive officer Rick Palagi.

The hospital is looking at a funding shortfall of \$350,000 to \$500,000 for the fiscal year, Palagi said. Because of the shortfall, the CARD advisory board has begun their transition with some specific changes to make the center financially sustainable long-term.

As of Oct. 15, the clinic will be adopting normal billing policies, Palagi said. All insurances will be billed when applicable, and the patients will be

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